

**STATE OF WASHINGTON  
EMERGENCY WORKER DAILY ACTIVITY REPORT**

|                                              |  |                          |          |
|----------------------------------------------|--|--------------------------|----------|
| County in which mission/incident took place: |  | Mission/Incident Number: |          |
| Mission/Incident Name:                       |  | Date From:               | Date To: |
| Unit Name:                                   |  |                          |          |
| Unit Address:                                |  |                          |          |

| EMERGENCY<br>WORKER<br>NAME | CARD<br>No. | ASSIGNMENT<br>OR TEAM | DATE |      | DATE |      | DATE |      | TOTAL<br>HOURS | ROUND<br>TRIP<br>MILES<br>(DRIVER) |
|-----------------------------|-------------|-----------------------|------|------|------|------|------|------|----------------|------------------------------------|
|                             |             |                       | IN   | *OUT | IN   | *OUT | IN   | *OUT |                |                                    |
| 1.                          |             |                       |      |      |      |      |      |      |                |                                    |
| 2.                          |             |                       |      |      |      |      |      |      |                |                                    |
| 3.                          |             |                       |      |      |      |      |      |      |                |                                    |
| 4.                          |             |                       |      |      |      |      |      |      |                |                                    |
| 5.                          |             |                       |      |      |      |      |      |      |                |                                    |
| 6.                          |             |                       |      |      |      |      |      |      |                |                                    |
| 7.                          |             |                       |      |      |      |      |      |      |                |                                    |
| 8.                          |             |                       |      |      |      |      |      |      |                |                                    |
| 9.                          |             |                       |      |      |      |      |      |      |                |                                    |
| 10.                         |             |                       |      |      |      |      |      |      |                |                                    |
| 11.                         |             |                       |      |      |      |      |      |      |                |                                    |
| 12.                         |             |                       |      |      |      |      |      |      |                |                                    |
| 13.                         |             |                       |      |      |      |      |      |      |                |                                    |
| 14.                         |             |                       |      |      |      |      |      |      |                |                                    |
| 15.                         |             |                       |      |      |      |      |      |      |                |                                    |
| 16.                         |             |                       |      |      |      |      |      |      |                |                                    |
| 17.                         |             |                       |      |      |      |      |      |      |                |                                    |
| 18.                         |             |                       |      |      |      |      |      |      |                |                                    |
| 19.                         |             |                       |      |      |      |      |      |      |                |                                    |
| 20.                         |             |                       |      |      |      |      |      |      |                |                                    |
| 21.                         |             |                       |      |      |      |      |      |      |                |                                    |
| 22.                         |             |                       |      |      |      |      |      |      |                |                                    |
| 23.                         |             |                       |      |      |      |      |      |      |                |                                    |
| 24.                         |             |                       |      |      |      |      |      |      |                |                                    |
| 25.                         |             |                       |      |      |      |      |      |      |                |                                    |
| 26.                         |             |                       |      |      |      |      |      |      |                |                                    |
| 27.                         |             |                       |      |      |      |      |      |      |                |                                    |
| 28.                         |             |                       |      |      |      |      |      |      |                |                                    |
| 29.                         |             |                       |      |      |      |      |      |      |                |                                    |
| 30.                         |             |                       |      |      |      |      |      |      |                |                                    |

\* The time a person could reasonably have expected to reach home without stopping enroute.

|                  |              |                |
|------------------|--------------|----------------|
| TOTAL PERSONNEL: | TOTAL HOURS: | TOTAL MILEAGE: |
|------------------|--------------|----------------|

**THIS FORM MUST BE SIGNED BY LOCAL EMERGENCY MANAGEMENT DIRECTOR/COORDINATOR OR SHERIFF'S DEPUTY.**

*By my signature below, I certify that these persons did participate in this mission/incident:*

|                      |           |
|----------------------|-----------|
| Print Name and Title | Signature |
| EMD - 078 (02/00)    |           |